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RUEHCG/AMCONSUL CHENNAI 0693  
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RUEHKA/AMEMBASSY DHAKA 0450  
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SUBJECT: ORISSA STATE HEALTH OFFICIALS CONCERNED OVER EPIDEMIC LEVELS  
OF HIV/AIDS INFECTION IN MIGRANT POPULATIONS

1. (SBU) Summary: On August 1, ConGen met with Orissa State AIDS Control Society (OSACS) officials to discuss the HIV/AIDS situation in Orissa. The interaction revealed worsening conditions in this eastern Indian state. The National Aids Control Organization (NACO) characterizes Orissa as a "highly vulnerable" state, with a HIV prevalence rate of 0.22 percent and 46,141 estimated HIV positive cases according to the 2006 sentinel surveillance figures. OSACS officials were concerned that the latest surveillance figures showed an increase in the number of "high prevalence" districts, from just three districts identified in the 2005 survey to four districts in 2006. These high prevalence districts include Ganjam (3.25 percent), Anugul (1.75 percent), Bolangir (1.25 percent) and Bhadrak (1 percent). According to the OSACS officials, their efforts are hampered by limited funds and NACO's lack of awareness of the seriousness of the situation. The officials believe that the focus on the existing high prevalence states, primarily in the South and West, by the GOI and international organizations means that Orissa is not receiving the attention and resources needed to contain effectively HIV/AIDS infections. Given this existing situation, Orissa will likely be ignored by the broader public health community until it is too late and it has been graduated to the status of a high prevalence state. End Summary.

2. (U) NACO identifies Orissa as a highly vulnerable state as although it has a low general infection rate of just .22 percent of the population, it does have pockets of high prevalence. (Note: Areas are assessed as "high prevalence" if the rate of HIV prevalence among ante-natal women is 1% or more. End Note.) Statewide HIV/AIDS infections are estimated at 46,141 based on the .22 prevalence rate within the state population of 36.7 million. However, from January 2002 to May 2007 there were 6,405 actually reported cases of people living with HIV/AIDS. The numbers of reported AIDS cases were 883 and deaths due to AIDS were 666. The primary mode of transmission is through sexual contact. An OSACS study estimates that 82 percent of HIV infections were contracted through sexual transmission, 6

percent through parent to child, 3 percent via infected syringes and needles and 1 percent through infected blood and blood products. From 2005-06, Orissa had 14 Sentinel Surveillance sites covering 10 districts to track HIV/AIDS infections in the state. In 2006-07, 31 new sites were established bringing the total to 45 surveillance sites covering all the 30 state districts. According to the 2006 sentinel surveillance, HIV prevalence among the ante-natal care (ANC) population was 0.5 percent, the sexually transmitted diseases (STD) population was 2.8 percent, the female sexual worker (FSW) population was 1 percent, the injectable drug user (IDUs) population was 10.4 percent, the migrant laborer population was 0.4 percent and among the truck driver population prevalence was 3.2 percent.

13. (SBU) The OSACS officials pointed out that in Orissa, the problem of HIV/AIDS has certain distinct characteristics. Infections are more rampant in the rural rather than urban areas and are more present in the marginal or "non-core" population: the migrant laborers, fisher folk population along the coast, and truck drivers passing through the state; i.e. the "bridge population" that is transitory and serves to pass infections from community to community. It is in this bridge population in which the infections are spreading the fastest. OSACS officials lamented the fact that NACO budgeted a nominal amount of money for awareness raising and promotional campaigns within the bridge populations in Orissa, which according to OSACS are the most vulnerable population in the state. While "core group" populations that are typically at risk, such as FSWs, do exist and need to be targeted, Orissa is unlike other states with high HIV/AIDS prevalence as there are no large identifiable red light areas (RLA) in the major cities of Orissa, like Bhubaneswar and Cuttack, as compared to larger RLAs in cities, like Mumbai and Kolkata. In 2006-07, OSACS undertook Targeted Intervention (TI)

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Programs for highly vulnerable core group population such as FSWs, men having sex with men (MSMs) and IDUs, and bridge groups, like the truck drivers, the migrant workers, the jail inmates and the fishing community along the coastal belt, through 33 TI projects in 25 districts. However, OSACS was instructed by NACO in March 2007 to stop the jail intervention program and truck drivers' intervention program as of March 31. OSACS officials felt that NACO did not recognize the fact that it is the bridge population that is the most vulnerable group and that funds need to be made available for targeted interventions for this population, in addition to the core group population of FSWs and IDUs.

14. (U) The state has 35 Voluntary Confidential Counseling and Testing Centers (VCCTCs), 26 Integrated Counseling Testing Centre (ICTCs) and 32 Prevention of Parent to Child Transmission Centers (PPTCTs). OSACS will set up another 35 ICTCs during the current financial year to meet the target of 129 fixed by NACO. Primary objectives of ICTC Centres are to provide free pre-, post-test counselling; testing of blood samples; free condoms and to provide referral services to the patients. The state has three Anti Retroviral Therapy (ART) Centers: one in MKCG Medical College, in the high prevalence district of Ganjam, and two recently-opened centers at SCB Medical College Hospital, Cuttack and VSS Medical College Hospital, Burla, Sambalpur district. A National AIDS Help Line (1097) is operational in OSACS, Bhubaneswar and at the three Medical Colleges for tele-counseling of the general public on STD/HIV/AIDS.

15. (SBU) OSACS Project Director Parmeshwar Swain appealed to ConGen for assistance, noting that his organization is crippled by lack of funds for various activities. Swain said that there are hundreds of HIV orphans in the state but that there are no

homes or any other facility for the care of such children. OSACS does not have funds to build a shelter for these children.

Swain also requested funds for setting up a pediatric ART center in Ganjam district, which as noted has a HIV prevalence rate of 3.25 per cent - three times epidemic levels. Catholic Relief Services has offered to provide a certain amount of money for treatment per child but funds are first required to set up the center. OSACS runs four community care centers in Bhubaneswar, Berhampur, Cuttack and Koraput districts in association with local NGOs to provide medicines, psycho-social counseling, temporary shelter to people living with HIV/AIDS. However, the running of these centers is becoming more and more difficult as NACO does not provide OSACS any financial support for these centers and the NGOs also lack funds. OSACS has requested if funds could be provided for supporting the running of these centers.

16. (SBU) Comment: HIV/AIDS infections are increasing in Orissa as evidenced by the fact that a new high prevalence district was identified this past year. OSACS is spearheading the fight against the spread of the disease in the state but its activities are severely constrained by lack of adequate funds and understanding from NACO and public health organizations. OSACS officials believe that while the broader public health focus on high prevalence states is important, ignoring the conditions in highly vulnerable states like Orissa will ultimately undermine overall efforts to control HIV/AIDS in India. The failure to effectively address the problem now, when it can be contained within the bridge populations, means that Orissa will likely only receive the appropriate attention when it is too late -- once it has graduated to being a high prevalence HIV/AIDS state.

JARDINE